

MARYLAND BOARD OF PODIATRIC MEDICAL EXAMINERS



TOE THE LINE

February 2006

Volume 20 Issue 2

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From the Board:

CAN WHAT YOU DON'T KNOW REALLY HURT YOU?

As a sitting member and past members of the Maryland Board of Podiatric Medical Examiners can attest, many scenarios develop that Board members are not at liberty to discuss publicly. Any information that is part of the public session of the state board meetings may be discussed in any forum. However, information that is covered during the executive portion of a state board meeting is confidential. If a board member were to disclose confidential information to persons outside of the confines of the board, they would risk losing the immunity that is provided to board members by statute. This at times creates a major burden on each of us with friends, colleagues and family members which one cannot fully understand or appreciate until they have had the opportunity to serve on the board. I want to give you some of the insights I have obtained from my participation on the board during the past two years.

On occasion, a member who has come before the Board may subsequently want to discuss issues regarding their case or that of a colleague outside of a board closed session. This may occur at M.P.M.A. meetings, social events or even at educational meetings. This is inappropriate and board members are forbidden from doing this unless the issue is one that was covered during the public session of the board meeting or the subject is public information

that is obtainable through the Freedom of Information Act. Questions to the board should be submitted in writing so that the board can review the issue and respond in an appropriate and official manner. Asking questions in an open forum to a board member may lead to answers that are that person's opinion and not necessarily an official opinion of the board of podiatry. There are complaints sent to the board which the board does not act upon. The board has a policy of not investigating or acting on complaints involving fee disputes. The board does not usually act upon anonymous complaints. At times a complaint may involve someone whom the board does not have jurisdiction over. Examples of these would include shoe stores or beauty salons. The board would then forward these complaints to the appropriate regulatory authority. However, the board does have the right to investigate and act upon complaints involving the practice of podiatry without a license, as it is defined by statute. Another area that the board routinely reviews is complaints involving false or misleading advertising. This would include educational letters sent to physicians informing them of one's credentials. To best not misrepresent yourself or practice, always use the same verbiage that appears on your certificates. This would include education, postgraduate training as well as board certification. Always be honest and back

up your advertising or educational letters with facts that dispel any potential questions regarding the validity of your statements.

In summary, my 2 years spent "on the other side of the tracks" has been interesting and at times eye opening. Time seems to be flying by and I just wanted to say; as your colleague, I do not mind staying up many late nights reviewing complaints or issues that come before the board or preparing for upcoming sessions. I feel I am giving back to the profession that has given me a chance for a rewarding career, making me happy I chose to be a podiatrist. I feel I will continue to listen, learn and be responsible to the citizens of the State of Maryland, as I was charged to do when I took the oath as a State Board member. So, can what you don't know really hurt you? I hope not! Please remember when you ask board members questions, we have to respond based on practice statute and board policy, and not as your friend or colleague. I want Maryland to continue to be a leader in the profession and through your thoughtfulness, professionalism and cooperation we can continue to succeed.

By:

David J. Freedman, D.P.M., FACFAS,
Board Member

WELCOME TO THE BOARD

Governor Ehrlich appointed two new members to serve on the Maryland Board of Podiatric Medical Examiners: Tanya Sellers-Hannibal, D.P.M. and Mr. Ernest W. Roberson.

Dr. Sellers-Hannibal has been actively practicing podiatry in the State of Maryland since 1994, and has been an active member of the Maryland Podiatric Medical Association (MPMA). Dr. Sellers-

Hannibal looks forward to working on issues important to the podiatric profession, as well as the patient community.

Mr. Ernest W. Roberson was also appointed to the Board as a consumer member. Mr. Roberson currently holds an executive position with a security firm in the Baltimore area. Mr. Roberson looks forward to representing consumers on the Board and in ensuring that the interests of podiatric patients are addressed.

CONGRATULATIONS

The Board of Podiatric Medical Examiners wishes to welcome the following podiatrists to their respective practices in the State of Maryland:

Active Licenses:

Boris Abramov, DPM

Faith Chin, DPM

Richard Cooperman, DPM

William Gormley, DPM

Michael Husar, DPM

Jenny Nguyen, DPM

Jordan Stewart, DPM



HISTORY AND PHYSICALS

The Maryland Podiatry Act does not prohibit a podiatrist from performing history and physical examinations (H&P). However, the podiatrist MUST have delineation of privileges for such from the institution where he/she will perform the H&P.



The Board would like to congratulate and extend its appreciation to all licensed podiatrists. This licensing cycle proved to be most successful, due to the responsiveness and completeness of the applications received. Again, thank you and we look forward to a productive and successful year.

PODIATRIC RESIDENCY TRAINING AFFILIATIONS

Podiatric residents are required to hold a Limited License in the State of Maryland in order to train in any facility, satellite office, or any entity that has been approved by the Board and/or the American Podiatric Medical Association's Council on Podiatric Education. Practitioners who have affiliations for training residents with the Veterans Administration Hospital

(VA) system should ascertain whether the podiatric resident has obtained a Limited License. The Veterans Administration does not require State licensure for practitioners practicing in the VA Hospital system. However, practitioners affiliated with the VA system who train residents should be vigilant about ensuring that this requirement has been met.

ADMINISTRATIVE NOTICE

If you are recently married and either change your last name by replacement or by adding a hyphenated name, you **MUST** report this to the Board so that a new license can be issued reflecting the new name. Failure to do so can result in verification problems with your insurance payor and in record maintenance.

National Practitioner Data Bank - Healthcare Integrity and Protection Data Bank (NPDB- HIPDB) News

Beginning on May 8, 2006, The Data Bank Web site will be located at www.npdb-hipdb.hrsa.gov. The Data Banks are moving to a .gov domain name to help prevent fraud by showing Data Bank users that NPDB-HIPDB Web site is under the Government-run domain. Beginning in May, please update your internet bookmarks to reference the new .gov address for the Data Bank Web site! Questions: Customer Service Center 1 800 767 6732.





CONTINUING MEDICAL EDUCATION (CME) POLICY



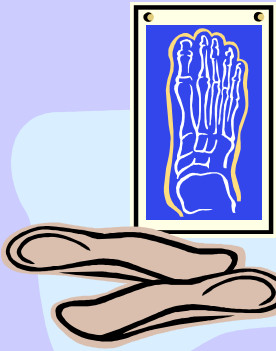
- The Board requires fifty (50) CME hours to be completed between the period of 12/1/2005 through 12/1/2007 for the 2007 – 2008 license renewal.
- The Board allows ALL 50 CME units to be taken online for every 2-year renewal period.
- Please be advised that you may be **REQUIRED** to submit documentation of your CME units and a signed affidavit that you have met the CME requirement for the license renewal period. If audited, you **will be required** to submit supporting documentation.
- The Board must receive and review a syllabus in order to determine the credit hours for each course.
- At least 35 CME hours are to be taken in Category A which directly relate to scope of practice issues.
- 15 CME units can be taken in Category B, which include medically related issues not specific to podiatry. These CME units are awarded only half the credit contact hours. A HIPAA Conference may be advertised for 8 CME units, but would be given only 4 CMEs by the Board.
- CME UNITS WILL NOT BE GIVEN FOR TEACHING AND RESIDENCY LECTURES.
- No more than 25 CME units will be awarded to podiatrists who participate in NBPME test development activities.
- The Board, and not the sponsor of CME units, determines how many credit hours each continuing education activity is awarded.
- The Board will not always give CME credit for classes attended. For example, the Board will not give credit for continuing education involving financial planning, marketing and billing or practice enhancement strategies. **To avoid surprises, Board pre-approval for CME credit is always recommended.**
- The Board will award one (1) credit for attendance at Open Session Board Meetings.
- Approved credits can be applied toward fulfillment of the continuing education requirement only in the renewal period in which they are earned.
- It is the responsibility of each podiatrist to keep accurate records of attendance at approved continuing education programs and to substantiate those records for the current licensing period upon request.
- The Board, by registered mail, may at any time request that within 10 working days a podiatrist substantiates the credits earned by providing satisfactory proof of attendance and completion at approved continuing education programs.
- If the licensee fails to earn the required number of credit hours, the licensee may request an extension of time. The Board at its discretion, upon good cause shown, may grant an extension of time. However, the Board may impose a requirement that the podiatrist earn up to double the number of required credit hours still to be earned (See COMAR 10.40.02.03 (E)). **The Board may not renew a license if the required continuing education criteria are not met.**
- For Podiatric Residents only – Twenty Five (25) hours of category A Credit will be granted for each full year of residency training within the current licensing cycle.



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PUBLIC DISCIPLINARY ACTIONS

Final Disciplinary Actions are public documents. Copies may be obtained by providing a signed written request and submission of a twenty-five dollar processing fee. Disciplinary Actions are also reported to the National Healthcare Integrity Data Bank, the disciplinary data bank of the Federation of Podiatric Medical Boards, to Medicare, Medicaid and various insurance companies.

Bernhard, Larry, D.P.M.

Consent Order

December 2005



BOARD MEETINGS

The Board of Podiatric Medical Examiners meets the second Thursday of each month at the Department of Health and Mental Hygiene, 4201 Patterson Ave., Baltimore, Maryland. The Open Session of the meeting begins at 1:00 p.m. and is open to the public. Meetings scheduled for this year:

March 9	August (Recess)
April 13*	September 14
May 11	October 12
June 8	November 9
July 13	December 14

* Public meeting starts at 12 noon.

For further information regarding these meetings, or to place an item on the public agenda, please contact the Board office.

CHANGE OF ADDRESS

This is a reminder that it is most important that the Board has the correct address for all licensees. In accordance with §16-310 of the Annotated Code, "Each licensee shall notify the Board of any change of address". It is the podiatrist's responsibility to notify the Board of an address change. Board policy dictates that all change of address requests be in writing and signed by the person of interest. A \$100.00 fine for non-compliance will be issued to podiatrists who fail to notify the Board of an address change.

